

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION DNA	1. DATE OF INCIDENT 13-NOV-2011	TIME 21:48:00	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE 289	4. BEAT/OCCUR 0711							
	5. POSITION 9161	6. LAST NAME TORRES	7. FIRST NAME ROMAN A	8. STAR NO. 18424	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 26-NOV-1974	12. HT. 507	13. WT. 190			
	14. DATE OF APPT. 27-SEP-2004	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 007 0762A	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 507	27. WT. 507				
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
	36. CHARGES PLACED 725 ILCS 5.0/110-3, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/12-	DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA							
	38. DNA											
	REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE		
		SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>					
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>			PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>						
MEMBERS RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>						
		VERBAL COMMANDS <input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER R/O DREW WEAPON [REDACTED]						
		ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____								
		ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>									
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>									
		CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>									
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>										
OTHER _____	OTHER _____											
39. DNA	40. ADDITIONAL INFORMATION R/O DREW WEAPON BUT DID NOT DISCHARGE SAID WEAPON.											
WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR					
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.						
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED						
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CATDRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)							
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
	70. EVENT NO. [REDACTED]											
	72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
	SIGNATURES	73. REPORTING MEMBER (Print Name) TORRES, ROMAN A 14-NOV-2011 01:05:25					STAR/EMPLOYEE NO. 18424	SIGNATURE [REDACTED]	71. R.D. NO. [REDACTED]			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
	74. REVIEWING SUPERVISOR (Print Name) HAUSER, BRIAN A		STAR NO. 1499	SIGNATURE [REDACTED]	DATE REVIEWED 14-NOV-2011 01:43:38		TIME					

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject requested the presence of an attorney, no further interview was conducted.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the I/Lt finds that the assailant, who while armed with a handgun assaulted the member and his partner with a handgun. The member's response in confronting the assailant was appropriate to stop his attack, and was within Department guidelines and policy. The administrative LOG Tracking number was obtained from PO Chibe #7303 at Operations Command as a matter of protocol.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1049985 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

DOHERTY JR, JOHN A

SIGNATURE

DATE COMPLETED TIME

14-NOV-2011 02:28:41

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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